

**FORM – LD1**

Kenya Medical Practitioners and Dentists Council  
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**KMPDC**  
 Enhancing Quality Healthcare

**APPLICATION FOR LODGING A COMPLAINT**  
**Pursuant to the Medical Practitioners and Dentists Act (CAP 253 – Laws of Kenya)**

<b>FOR OFFICIAL USE ONLY</b>	ALLOCATED CASE NUMBER			DATE OF RECEIPT OF THE COMPLAINT
	CASE NO		OF	
	COMPLAINT CATEGORY			

**A. DETAILS OF THE COMPLAINANT/REPRESENTATIVE**

NAME OF COMPLAINANT/REPRESENTATIVE	
IDENTITY/PASSPORT NUMBER	
NATIONALITY	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
COUNTY	
MOBILE NUMBER	
E-MAIL ADDRESS	

Fill in this section if the representative is from an institution e.g. a law firm, a company, a non-governmental organization) If the institution is a law firm, attach a 'Notice of Appointment' to this application.

NAME OF INSTITUTION	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
NAME OF CONTACT PERSON	
MOBILE NUMBER	
E-MAIL ADDRESS	

**B. DETAILS OF THE PATIENT (FILL IN THIS SECTION IF THE PATIENT IS NOT THE COMPLAINANT IN 'A' ABOVE)**

NAME OF PATIENT	
IDENTITY/PASSPORT NUMBER	
NATIONALITY	

RELATIONSHIP TO THE PATIENT (You are the patient's e.g. father, mother, sister, guardian)	
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**DETAILS OF THE RESPONDENT(S)**

Fill in either Section 'C' or 'D' or both depending on the nature of your complaint

**C. DETAILS OF THE PRACTITIONER(S) BEING COMPLAINED AGAINST**

NAME PRIMARY DOCTOR/DENTIST		
NAME OF HEALTH FACILITY		
COUNTY		
POSTAL ADDRESS		
PHYSICAL ADDRESS		
MOBILE NUMBER		
E-MAIL ADDRESS		
NAMES OF OTHER PRACTITIONERS BEING COMPLAINED AGAINST		

**D. DETAILS OF THE HEALTH FACILITY BEING COMPLAINED AGAINST**

NAME OF HEALTH FACILITY		
COUNTY		
POSTAL ADDRESS		
PHYSICAL ADDRESS		
NAME OF CONTACT PERSON		
MOBILE NUMBER		
E-MAIL ADDRESS		
NAMES OF OTHER HEALTH FACILITIES BEING COMPLAINED AGAINST		

**E. BRIEF STATEMENT OF THE COMPLAINT**

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<b>F. DOCUMENTS TO BE ATTACHED</b>		1.	Attach a clear and concise signed and dated statement that details the complaint (Mandatory)			
		2.	Documents relevant to the complaint i.e., medical reports, discharge summary, hospital records, radiology reports, postmortem reports, etc.			
<b>G. WHAT OUTCOME DO YOU EXPECT FOR THIS COMPLAINT?</b>						
<b>G. DECLARATION</b>						
<b>I SOLEMNLY AND SINCERELY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF</b>						
SIGNATURE OF COMPLAINANT/ REPRESENTATIVE		DATE	DD	MM	YYYY	